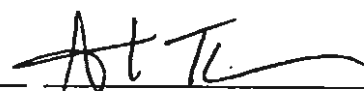


Exhibit A

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 440-2021-00545	
Illinois Department Of Human Rights and EEOC State or local Agency, if any			
Name (Indicate Mr., Ms., Mrs.) Mr. Albert Thomas		Home Phone (Incl. Area Code) (240) 765-5300	Date of Birth 1956
Street Address 1804 Oakbrook Court, Sauk Village, IL 60411		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name CHICAGO TEACHERS PENSION FUND		No. Employees, Members 500 or less	Phone No. (Include Area Code) (312) 641-4464
Street Address 425 South Financial Drive, Suite 1400, Chicago, IL 60605		City, State and ZIP Code	
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es))		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest	
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		10-26-2020 10-26-2020 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I began my employment with Respondent on or about March 9, 2015. My most current position is Senior Accountant. During my employment with Respondent, I was subjected to different terms and conditions of employment, including but not limited to, not getting raises like other non black employees. I applied for a promotion and I was not selected. I believe I was discriminated because of my race, black in violation of Title VII of the Civil Rights Act 1964, as amended. I also believe I was discriminated because of my age, 64, (YOB: 1956), in violation of the Age Discrimination in Employment Act of 1967, as amended.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY - When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
Nov 02, 2020  Date Charging Party Signature			